

Docket No. 0575/66602-B/JPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Silviu Itescu

Serial No. : 10/693,480 Examiner: Amy Bowman

Filed : October 23, 2003 Group Art Unit: 1635

For : Regeneration of Endogenous Myocardial Tissue

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 29, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☐ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	20 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Indepen- dent Claims	5 -	** 5 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 60.00.

☒ A check in the amount of \$ 60.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

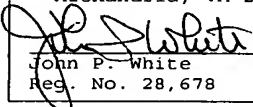
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
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P.O. Box 1450
Alexandria, VA 22313-1450.


John P. White
Reg. No. 28,678

5/29/07
Date